IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: **2663**

Examiner: **Feben Haile**

"Express Mail" Mailing Label Number: **EV368605533US**

In Re.: **Gregory Pogossiants et al.**

Date of Deposit: **03/31/2004**

Ref: Case Docket No.: **P3295CIP1**

Serial No.: **09/827,608**

Filed: **04/06/2001**

Subject: **Using SML Expressed Primitives for Platform and System-Independent Call Modeling**

Commissioner for Patents
PO Box 1450
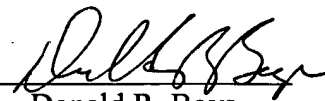Alexandria, VA 22313-1450

Dear Sir:

PETITION FOR EXTENSION OF TIME TO RESPOND
UNDER 37 CFR § 1.136

Applicant hereby petitions for an extension of time of one (1) month, to respond to the office action letter mailed in the above-referenced case on 12/01/2004, for which a 3-month shortened statutory period was set to expire on 03/01/2005. This requested extension extends the time for response to 04/01/2005.

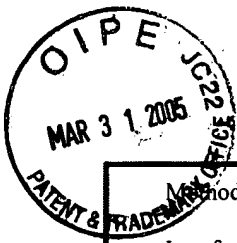☐ The petitioner is an established small entity.

☒ A check for $120.00 is enclosed for the extension fee.

Respectfully submitted,
Gregory Pogossiants et al.

By _____
Donald R. Boys
Reg. No. 35,074

Central Coast Patent Agency
P.O. Box 187
Aromas, CA 95004
(831) 726-1457

Method of Transmission: EV368605533US   CASE DOCKET NO.   4689

In reference to application of   Gregory Pogossiants et al.

Serial No. 09/827,608

For   Using SML Expressed Primitives for Platform and System-Independent Call Modeling

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

☐   No additional fee is required.
☐   Applicant claims Small entity status under 37 CFR 1.27.
☑   The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	24	Minus	** 24	0	$ 25	$ 50	$ 0.00
Indep Claims	2	Minus	*** 3	0	$ 100	$ 200	$ 0.00
☐ First presentation of a multiple dependent claim					$ 0	$ 0	$ 0.00
☐ Terminal Disclaimer Fees							$ 0.00
Extension Fee	☑ 1st Month		☐ 2nd Month		☐ 3rd Month		$ 120.00
Total additional for claims, time extensions and disclaimer fees							$ 120.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.
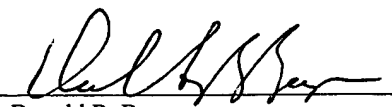**** Multiple dependencies, if any, included in the above calculation.
* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☑ A check in the amount of   120.00   is attached.

☐ Charge $ 0.00   to deposit account   50-0534   . (A duplicate of this sheet is enclosed)

☑ Please charge any additional fees or credit overpayment to Deposit Account   50-0534   . A duplicate of this sheet is enclosed.

Respectfully Submitted, _____

Donald R. Boys
Reg. No. 35074

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